PTO/SB/22 (08-03)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | Docket No. (Optional) 8734.232-US | |
|--|---|--------|--------------------|--------------------------------------|--|
| In re Application of Seok Su KIM et al. | | | | | |
| 성 말) | Application Number | | | Filed | |
| L \$/ | 10/664,912 | | September 22, 2003 | | |
| | For: DATA DRIVING APPARATUS AND METHOD FOR LIQUID CRYSTAL DISPLAY | | | | |
| | Art Unit 2629 Examine | | ner Tammy T. Pham | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | | |
| One month (37 CFR 1.17(a)(1)) | | | | \$ | |
| X Two months (37 CFR 1.17(a)(2)) | | | | \$ 460.00 | |
| Three months (37 CFR 1.17(a)(3)) | | | \$ | | |
| Four months (37 CFR 1.17(a)(4)) | | | \$ | | |
| Five months (37 CFR 1.17(a)(5)) | | | \$ | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is | | | | | |
| reduced by one-half, and the resulting fee is: \$ · | | | | | |
| A check in the amount of the fee is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any | | | | | |
| overpayment, to Deposit Account Number 50-0911 I have enclosed a duplicate copy of this sheet. | | | | | |
| I am the applicant/inventor. | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| attorney or agent of record. Registration Number | | | | | |
| x attorney or agent under 37 CFR 1.34(a). | | | | | |
| Registration number if acting under 37 CFR 1.34(a) 53,005 | | | | | |
| March 31, 2008 Date Signature | | | | | |
| (202) 496-7500 Valerie P. Hayes Telephone Number Typed or printed name | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | | | |
| X Total of 1 | forms are subm | itted. | | | |